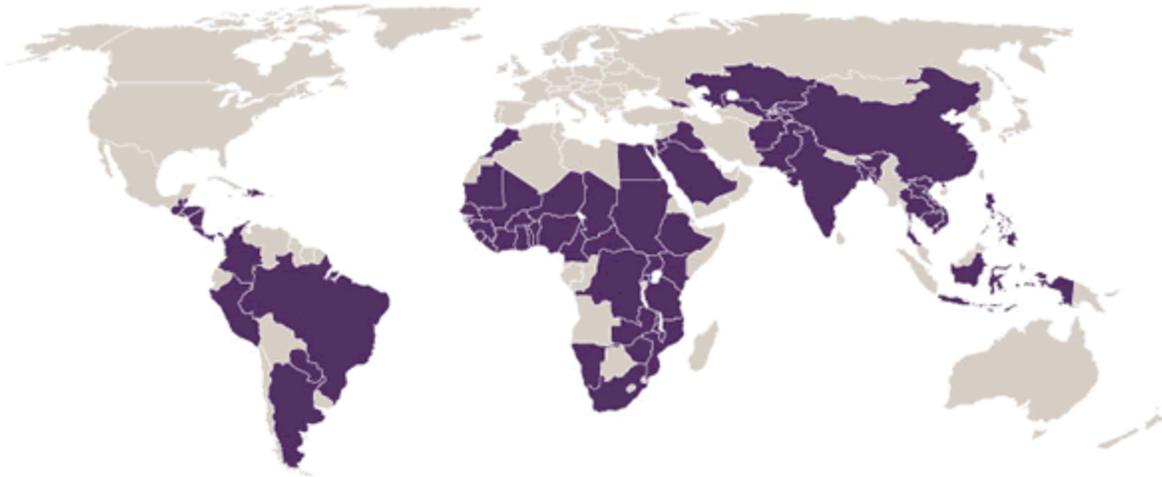




**Global Health Protection –
Centers for Disease Control and Prevention (CDC)
Center for Global Health
FY 2018 Labor HHS Appropriations Bill**

	FY2016	FY2017	FY2018 TFAH
Global Health Protection (CDC)	\$55,200,000	\$58,200,000	\$257,200,000
<i>Global Health Security</i>	\$597,000,000 (FY2015 Ebola Supplemental)		

DGHP Background: The CDC’s Division of Global Health Protection (DGHP) protects Americans and people around the world from leading public health threats, both man-made and natural. The Division builds disease detection and response capabilities in key countries to detect emerging threats, prevent disease and prepare for and respond to public health emergencies. Even though program activities manifest in other countries, they have direct benefit to the American people. DGHP works closely with ministries of health, academic partners and non-governmental organizations to develop core response capabilities such as disease surveillance, field epidemiology and laboratory training, outbreak preparedness and response, health communication and information technology and laboratory systems and biosafety. DGHP includes the Global Disease Detection (GDD) program which supports regional global disease detection centers in 10 countries (Bangladesh, China, Egypt, Georgia and the South Caucasus, Guatemala and Central America, India, Kazakhstan and Central Asia, Kenya, South Africa and Thailand), and the Global Disease Detection Operations Center (GDDOC) in Atlanta. The Division also includes the Field Epidemiology Training Program (FETP) which trains a global cadre of field epidemiologists or “disease detectives,” and the Global Rapid Response Team (GRRT) which includes 350 well-trained public health experts ready to deploy on short notice to assist countries in emergency responses.



Source: CDC, 2016

Impact:

The Division of Global Health Protection has achieved significant accomplishments:

- **Outbreak Response:** DGHP GDD Regional Centers have provided rapid response to more than 1,900 disease outbreaks and other public health emergencies, since 2006. Every day, the GDDOC in Atlanta monitors 30-40 global health threats worldwide. Some disease outbreaks that the GDD Regional Centers have responded to include Ebola in West Africa, chikungunya in Central America, Human H5N1 influenza in Egypt and Thailand, and Anthrax in Bangladesh and Kenya. Two-thirds of outbreaks received a response within 24 hours of the request for assistance, and 76% of outbreaks included diagnostic and laboratory support from the GDD Regional Centers. In addition, during the first year of operation, Global Rapid Response Teams have responded to over 90 events, including cholera, yellow fever, Ebola, measles and polio.
- **Pathogen Discovery:** DGHP works to identify new pathogens to protect the health of Americans. Since 2005, DGHP has developed 347 pathogen-specific tests in 59 countries, identified 61 pathogens that were new to a region and discovered 12 pathogens for the first time anywhere in the world.
- **Training:** DGHP builds public health capacity on the ground through FETP. FETP has trained over 5,100 local disease detectives in over 70 countries since 2010 and in that time FETP trainees have investigated over 2285 outbreaks – outbreaks that did not reach the US. CDC estimates that up to 29,000 additional epidemiologists are needed worldwide to meet the Global Health Security Agenda goal of one epidemiologist for every 200,000 people.
- **Surveillance:** CDC's GDD Operations Center in Atlanta monitors 30-40 public health threats a day. In 2014, GDD conducted disease surveillance on hospital-acquired infections, bacterial blood stream infections, diarrheal disease, flu, TB and a number of other diseases. In total, 75 million people are covered by GDD-supported surveillance. These programs are used to detect outbreaks and impact public health decisions—work that is vital to stopping diseases at their source, before they can reach the U.S.

Global Health Security Background: Worldwide effort is needed to ensure small outbreaks do not become regional, national or international crises, yet 70 percent of countries are not yet able to effectively prevent, detect and respond to infectious disease threats. Meanwhile, a pathogen

from a remote village can travel to cities on all six continents in less than 36 hours. For that reason, Congress provided CDC about \$600 million in the Ebola supplemental in FY2015 to build capacity to prevent, detect and respond to infectious disease threats, in an initiative known as the Global Health Security Agenda (GHSA). These investments are building basic response capabilities in 17 countries with little to no disease detection expertise so that we can contain outbreaks before they reach the U.S. CDC works with partners to lead evidence-based public health responses to ensure our country is safe and regions around the world can be protected against death and economic and social instability. The most effective and efficient way to protect our nation against emerging health threats – and to save lives and money – is to stop diseases before they become serious regional or global pandemics.

Impact: Most of the world is woefully unprepared to detect and respond to public health threats, yet these threats are becoming more frequent, more severe, and able to spread rapidly around the globe. CDC is working with countries to build their capacity in areas such as antimicrobial resistance, zoonotic diseases, laboratory and biosecurity, surveillance, workforce development and emergency operations. The GHSA framework ensures accountability and partnership for U.S. investments. GHSA progress is monitored through the joint external evaluation (JEE) process to develop a baseline of a country's preparedness and ensure transparent, independent and objective evaluations of progress. As of March 6, 2017, 32 JEEs have been completed, with 32 more planned.

CDC GHSA's investments are supporting response enhanced capability in 17 Phase 1 countries. For example, CDC has supported 12 countries in building or strengthening public health emergency operations centers, with at least 6 of them already fully functional. Seventeen Phase I GHSA countries now have at least 80% of subnational units reporting disease surveillance to national systems, and 13 Phase I GHSA countries detected dangerous pathogens using new equipment and capabilities. Nine GHSA Phase I countries have analyzed surveillance data to inform immunization campaigns and target activities.

Some recent successes from CDC global health security investments include:

- In Angola and Democratic Republic of Congo, global investments allowed CDC to surge in response to a significant yellow fever outbreak. The Global Rapid Response Team deployed to the region and tested 2,000 samples to help target a vaccination campaign to contain the outbreak. CDC-supported epidemiology, laboratory and emergency operations center also enabled the Uganda Ministry of Health to quickly contain a yellow fever outbreak before it could spread globally.
- In Mali, CDC assistance has enabled rapid containment of a meningitis outbreak, contact tracing and vaccination to prevent a polio outbreak and rapid detection and containment of an Ebola case.

In Benin, Burkina Faso, Togo and Nigeria, graduates and current residents trained through the West Africa FETP (WAFETP) program are working together to investigate a cross-border Lassa Fever outbreak in these countries. Activities include contact tracing, providing personal protective equipment to hospital staff caring for patients and conducting health education in the region. A similar outbreak in Burkina Faso in Spring 2016 was not identified until 3 weeks after a Lassa Fever patient was admitted to a hospital and a nurse caring for the patient became ill with Lassa. CDC's FETP program gave these countries the ability to quickly identify the outbreak,

and helped them to work together by building a network of trained people who are communicating with each other to stop this outbreak,

Recommendation: TFAH supports an annual appropriation of \$257.2 million to continue CDC's global health protection work in FY2018. The end of CDC's global health security budget would be devastating to US national and health security. Estimates project 21st century pandemics could cost the global economy at least \$6 trillionⁱ. If global health security funding is not continued, CDC will cease operation in dozens of countries, meaning costly delays in detecting outbreaks which puts Americans at risk. In order to maintain core disease monitoring activities at CDC headquarters, CDC would scale back in-country activities including closing GDD centers, disbanding the Global Rapid Response Team, eliminating the Field Epidemiology Training Program, and cutting support to nonprofit partners that support their work. The current systems being built in priority countries could break down, leading to diseases not being detected and outbreaks growing in size to become regional or global threats. Without CDC's global reach, we are likely to experience more costly and deadly emerging infectious disease outbreaks reaching US borders.

ⁱ <https://www.nap.edu/catalog/21891/the-neglected-dimension-of-global-security-a-framework-to-counter>